FEC

STATEMENT OF

FORM 1	ORGANIZATION	
1 Ottown 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Californians fo	or Fiscally Conservative Leadership	
ADDRESS (number and s	treet) 46575 Road 417, Building C	
(Check if address		
is changed)	Coarsegold	CA 93614 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	tattard@tcouncil.com	
o onungeo,		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
2. DATE 0.7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00484295	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct	and complete
•	Namey Avale	,
Type or Print Name of	Treasurer Nancy Ayala	
Signature of Treasurer	Electronically Filed by Nancy Ayala	Date 07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this St	
Office Use Only	For further information Federal Election Commi Toll Free 800-424-9530	ssion FEC FORM 1

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE (Check One) Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock La	abor Organization
	Membership Organization Trade Association C	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Coi	mmittees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2. FEC ID number	
	3. FEC ID number	
	4 FEC ID number C	

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 _ 87 Title or Position ▼ CITY A STATE A ZIP CODE A					Page 3	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY▲ STATE▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 87 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲	or Type Committee Name	Name				
Mailing Address CITY▲ STATE ♣ ZIP CODE ♠ Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 87 Title or Position ♥ CITY ♠ STATE ♠ ZIP CODE ♠	alifornians for Fiscally C	iscally Conservative Leadership				
Mailing Address CITY▲ STATE▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Nancy Ayala Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 87 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲	ame of Any Connected Orgar	ted Organization, Affiliated Committee,	Joint Fundraising Repre	esentative, or Lead	ership PAC Sponsor	
Mailing Address CITY▲ STATE▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Nancy Ayala Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 87 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲						
CITY▲ STATE ★ ZIP CODE ★ Relationship: Connected Organization)NE					
CITY▲ STATE ★ ZIP CODE ★ Relationship: Connected Organization			1 1 1 1 1 1 1			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 _ 87 Title or Position CITY A STATEA ZIP CODE A	ailing Address					
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 _ 87 Title or Position CITY A STATEA ZIP CODE A	1	1				ı
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 _ 87 Title or Position CITY A STATEA ZIP CODE A	Ī	1		1 1 1 1		
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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 _ 87 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE △	elationship:					
possession of Committee books and records. Full Name Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 87 Title or Position ▼ CITY A STATE A ZIP CODE A	Connected Organization	ization Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Spon	sor
Mailing Address 46575 Road 417 Building C Coarsegold CA 93614 _ 87 Title or Position ▼ CITY A STATE A ZIP CODE A			ne number optional),	and position of the	ne person in	
Mailing Address Mailing Address	ull Name Nancy Ay	lancy Ayala		1 1 1 1 1		1
Building C Coarsegold CA 93614 87 Title or Position ▼ CITY A STATE A ZIP CODE A	ailing Address _	46575 Road 417	7			
Title or Position ▼ CITY A STATE A ZIP CODE A	_	Building C				
Out of Provide	_	Coarsegold		CA	93614 _ 877	6
Custodian of Records Telephone number 559 - 642 - 3	tle or Position ▼	CITY A		STATE	ZIP CODE A	
	Custodian of	odian of Records	Telephone ı	number 559	_ 642 _ 368	81
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				urer of the commi	ittee; and the	
Full Name of Treasurer Nancy Ayala	Manay As	Nancy Ayala				
Mailing Address 46575 Road 417	ailing Address _	46575 Road 41	7			
Building C	_	Building C				
Coarsegold	-	Coarsegold		CA	93614 _ 877	6
Title or Position ♥ CITY A STATE A ZIP CODE A	itle or Position ♥	CITY A		STATE.▲	ZIP CODE A	
Treasurer Telephone number 559 _ 642 3	Treasurer	asurer	Telenhone	number 559	_ 642 _ 36	81

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Full Name of Designated Agent	-	Nokomis Hernandez		
Mailing Addre	ss	46575 Road 417		
		Building C		
		Coarsegold	CA	93614 – 8776
Title or Position \$	•	CITY A	STATE A	ZIP CODE A
	Assistant 1	reasurer	Telephone number 559	642 3681
	r Depositorie		the committee deposits funds, h	nolds accounts, rents
 Banks or Other safety deposit b Name of Bank, I 	oxes or mainta Depository, etc	D.	rica N.A>	
safety deposit b Name of Bank, l	oxes or mainta Depository, etc		rica N.A>	
safety deposit b	oxes or mainta Depository, etc	of America Merrill Lynch, Bank of Amer	rica N.A>	
safety deposit b Name of Bank, l	oxes or mainta Depository, etc	of America Merrill Lynch, Bank of Amer Central Valley Business Banking	rica N.A>	93704
safety deposit b Name of Bank, l	oxes or mainta Depository, etc	of America Merrill Lynch, Bank		93704 ZIP CODE
safety deposit b Name of Bank, l	Depository, etc	Central Valley Business Banking 5292 N. Palm Ave. Fresno	ÇA	
safety deposit b Name of Bank, l Mailing Address	Depository, etc	Central Valley Business Banking 5292 N. Palm Ave. Fresno	ÇA	
safety deposit b Name of Bank, l Mailing Address	Depository, etc	Central Valley Business Banking 5292 N. Palm Ave. Fresno	ÇA	
safety deposit b Name of Bank, l Mailing Address Name of Bank, l	Depository, etc	Central Valley Business Banking 5292 N. Palm Ave. Fresno	ÇA	
safety deposit b Name of Bank, l Mailing Address Name of Bank, l	Depository, etc	Central Valley Business Banking 5292 N. Palm Ave. Fresno	ÇA	

A. Form/Schedule : **F1N** Transaction ID :

Updating Statement of Organization to reflect new custodian of records, new treasurer, and new assistant treasurer.